SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED 1st AMENDMENT DEP. IND. IND. DEP. DEP. IND. IND. DEP. IND. DEP. IND. DEP. BEST AVAILABLE COPY TOTAL TOTAL IND. _1 TOTAL DEP. TOTAL DEP. * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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